

TODAY'S DATE: ____ - ____ - ____
mm dd yyyy

ASSESSMENT PERIOD:
1 ☐ 6-WEEK 2 ☐ 6-MONTH ☐ 12-MONTH

1. When I last visited your home on (DATE OF LAST HOME VISIT), you told me that ____ number of people lived in your household. Has anyone moved in or moved out of your household since my last visit? (CIRCLE ALL THAT APPLY)

YES, MOVED IN.....1 → ASK Qs. 2 & 3

NO..... 3 → SKIP TO 6

YES, MOVED OUT2 → ASK Qs. 4 & 5

2. How many people moved into your household since (DATE OF LAST HOME VISIT)? (FOR 6-WEEK ASSESSMENT, REMIND MOTHER TO INCLUDE HER NEW BABY) ____

3. I need to know their gender and age, and whether or not they currently smoke cigarette. Let's start with the oldest. . .

	Column A What is this person's name?	Column B What is this person's relationship to you? (USE CODES BELOW)	Column C How old is this person?	Column D Is this person male or female?	Column E Did this person smoke cigarettes inside the home? Consider a cigar and a pipe bowl of tobacco the same as smoking tobacco from a cigarette.
1		____	____ yrs ____ mos	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2		____	____ yrs ____ mos	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3		____	____ yrs ____ mos	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4		____	____ yrs ____ mos	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5		____	____ yrs ____ mos	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

4. How many people moved out of your household since (DATE OF LAST HOME VISIT)? ____

5. I need to know whether or not they smoked cigarettes. Let's start with the oldest. . .

	Column A What is this person's name?	Column B What is this person's relationship to you? (USE CODES BELOW)	Column C Did this person smoke cigarettes inside your home? Consider a cigar and a pipe bowl of tobacco the same as smoking tobacco from a cigarette.
1		____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2		____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3		____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4		____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5		____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

RELATIONSHIP CODES:	01=New baby 02=Husband 03=Partner	04=Parent 05=Parent-in-law 06=Other adult relative	07=Other adult in-law 08=Unrelated adult 09=Child	10=Step child 11=Unrelated child
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6. Including yourself, how many people currently live in your household, either on a part time or full time basis? ____

7. IS HOUSE SAME AS LAST VISIT?

1 ☐ YES 2 ☐ NO → COMPLETE MAP OF HOUSE AND ROOMS POSTPARTUM FORM AND CONTINUE TO COMPLETE THIS FORM

LIST ALL ROOMS IDENTIFIED ON THE MAP WITH THEIR ASSIGNED MAP CODE # AND ASSOCIATED ROOM CODE #

ROOM	MAP CODE #	ROOM CODE #	→	ROOM CODE # KEY	
				Baby's room	01
				Mother's bedroom	02
				Other bedroom (SPECIFY)	03
				Living room/family room	04
				Dining room	05
				Kitchen	06
				Bathroom	07
				Other (SPECIFY)	08

REVIEW MAP OF HOME WITH MOTHER. EXPLAIN WHICH AREAS, IF ANY, ARE COMBINED TO BE ONE ROOM FOR PURPOSES OF UPCOMING QUESTIONS.

MAP CODE #

8. In which room do you spend most of your time during the day?|_|_|_|
9. In which room do you spend most of your time during the evening or at night, when you are not sleeping?|_|_|_|
10. In which room do other members of your household spend most of their time during the day?.....|_|_|_|
11. In which room do other members of your household spend most of their time during the evening or night, when they are not sleeping?|_|_|_|
12. In which room would you say that most cigarette smoking occurs?.....|_|_|_|
13. In which room would you say that the 2nd most cigarette smoking occurs?|_|_|_|
14. In what other rooms of your house does cigarette smoking typically occur?|_|_|_|..|_|_|_|.|_|_|_|
- †15. In which room does (NAME OF BABY) spend most of his or her time during the day?|_|_|_|
 - 15a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?|_|_|_| hrs
16. In which room does (NAME OF BABY) usually take his or her naps?|_|_|_|
 - 16a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?|_|_|_| hrs
17. In which room does (NAME OF BABY) usually sleep at night?.....|_|_|_|
 - 17a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?|_|_|_| hrs
18. In which room do you clean, bathe, or give (NAME OF BABY) a bath?.....|_|_|_|
 - 18a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?|_|_|_| hrs
19. What other rooms in your house does (NAME OF BABY) spend time?|_|_|_||_|_|_|.....|_|_|_|
 - 19a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in (this/each of these) room(s)?.....|_|_|_|hrs ↓ ↓ ↓
|_|_|_|hrs |_|_|_|hrs |_|_|_|hrs
- †20. Of all the rooms where (NAME OF BABY) spends time, in which room is (he/she) most often exposed to cigarette smoking?|_|_|_|
 - 20a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?|_|_|_| hrs

†Determines placement of nicotine monitors

DETERMINE PLACEMENT OF NICOTINE MONITORS AND COMPLETE THE FOLLOWING GRID. THEN COMPLETE SECTIONS A AND C OF THE NICOTINE MONITOR DROP-OFF/PICK UP FORM.

	Primary Monitor	Duplicate Mon.	Blank Monitor	Long Term Mon.	Extra Monitor #1	Extra Monitor #2
Map Code #						
Room Code #						